

County: Outagamie
 MANORCARE HEALTH SERVICES
 1335 SOUTH ONEIDA STREET
 APPLETON 54915 Phone: (920) 731-6646

Facility ID: 1080

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Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/01): 104
 Total Licensed Bed Capacity (12/31/01): 104
 Number of Residents on 12/31/01: 100

Ownership:
 Highest Level License:
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 91

Corporation
 Skilled
 No
 Yes
 Yes
 91

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		34.0
Supp. Home Care-Personal Care	No					1 - 4 Years		40.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	16.0	More Than 4 Years		26.0
Day Services	No	Mental Illness (Org./Psy)	8.0	65 - 74	9.0			-----
Respite Care	No	Mental Illness (Other)	4.0	75 - 84	28.0			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	41.0	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.0	95 & Over	6.0	Full-Time Equivalent		
Congregate Meals	No	Cancer	2.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	11.0		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	12.0	65 & Over	84.0	-----		
Transportation	No	Cerebrovascular	10.0		-----	RNs		6.6
Referral Service	No	Diabetes	2.0	Sex	%	LPNs		10.9
Other Services	No	Respiratory	7.0		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	43.0	Male	34.0	Aides, & Orderlies		
Mentally Ill	No		-----	Female	66.0			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care		Managed Care			Total Resi - dents	% Of All		
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)					
Int. Skilled Care	0	0.0	0	2	3.6	111	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.0
Skilled Care	19	100.0	283	51	91.1	94	3	100.0	130	21	100.0	144	0	0.0	0	1	100.0	275	95	95.0
Intermediate	---	---	---	3	5.4	79	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	3.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	19	100.0		56	100.0		3	100.0		21	100.0		0	0.0		1	100.0		100	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	4.3	Daily Living (ADL)	Independent			
Private Home/With Home Health	2.5	Bathing	0.0	83.0	17.0	100
Other Nursing Homes	3.1	Dressing	12.0	85.0	3.0	100
Acute Care Hospitals	89.0	Transferring	15.0	68.0	17.0	100
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	15.0	68.0	17.0	100
Rehabilitation Hospitals	0.0	Eating	72.0	27.0	1.0	100
Other Locations	1.2	*****				
Total Number of Admissions	163	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	5.0		Receiving Respiratory Care	8.0
Private Home/No Home Health	42.5	Occ/Freq. Incontinent of Bladder	41.0		Receiving Tracheostomy Care	1.0
Private Home/With Home Health	6.9	Occ/Freq. Incontinent of Bowel	19.0		Receiving Suctioning	0.0
Other Nursing Homes	8.1				Receiving Ostomy Care	1.0
Acute Care Hospitals	7.5	Mobility			Receiving Tube Feeding	1.0
Psych. Hosp. -MR/DD Facilities	1.3	Physically Restrained	7.0		Receiving Mechanically Altered Diets	21.0
Rehabilitation Hospitals	0.0					
Other Locations	8.8	Skin Care			Other Resident Characteristics	
Deaths	25.0	With Pressure Sores	8.0		Have Advance Directives	76.0
Total Number of Discharges		With Rashes	3.0		Medications	
(Including Deaths)	160				Receiving Psychoactive Drugs	51.0

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Peer Group Ratio %	Bed Size: 100-199 Peer Group Ratio %	Licensure: Skilled Peer Group Ratio %	All Facilities %
Occupancy Rate: Average Daily Census/Licensed Beds	87.5	82.7 1.06	83.8 1.04	84.3 1.04	84.6 1.03
Current Residents from In-County	58.0	82.1 0.71	84.9 0.68	82.7 0.70	77.0 0.75
Admissions from In-County, Still Residing	8.0	18.6 0.43	21.5 0.37	21.6 0.37	20.8 0.38
Admissions/Average Daily Census	179.1	178.7 1.00	155.8 1.15	137.9 1.30	128.9 1.39
Discharges/Average Daily Census	175.8	179.9 0.98	156.2 1.13	139.0 1.27	130.0 1.35
Discharges To Private Residence/Average Daily Census	86.8	76.7 1.13	61.3 1.42	55.2 1.57	52.8 1.65
Residents Receiving Skilled Care	97.0	93.6 1.04	93.3 1.04	91.8 1.06	85.3 1.14
Residents Aged 65 and Older	84.0	93.4 0.90	92.7 0.91	92.5 0.91	87.5 0.96
Title 19 (Medicaid) Funded Residents	56.0	63.4 0.88	64.8 0.86	64.3 0.87	68.7 0.82
Private Pay Funded Residents	21.0	23.0 0.91	23.3 0.90	25.6 0.82	22.0 0.95
Developmentally Disabled Residents	0.0	0.7 0.00	0.9 0.00	1.2 0.00	7.6 0.00
Mentally Ill Residents	12.0	30.1 0.40	37.7 0.32	37.4 0.32	33.8 0.36
General Medical Service Residents	43.0	23.3 1.84	21.3 2.02	21.2 2.03	19.4 2.22
Impaired ADL (Mean)	44.4	48.6 0.91	49.6 0.89	49.6 0.89	49.3 0.90
Psychological Problems	51.0	50.3 1.01	53.5 0.95	54.1 0.94	51.9 0.98
Nursing Care Required (Mean)	5.4	6.2 0.87	6.5 0.83	6.5 0.82	7.3 0.73